

# **DIVISION OF ACCOUNTS AND REPORTS POLICY AND PROCEDURE MANUAL**

**Revision Date** 07/01/04

**Date Issued** 10/81

**Revisions marked #**

**Filing Number** 11,967

**Page 1 of 6**

---

## **SUBJECT**

Personal Injury or Property Damage or Loss Claims

## **PURPOSE**

To provide procedures for processing claims against the state for personal injury or property damage or loss claims.

## **AUTHORITATIVE REFERENCES**

K.S.A. 46-913

K.S.A. 46-920

K.S.A. 46-922

K.S.A. 46-924

K.S.A. 46-925

## **GENERAL INFORMATION**

### **Payments authorized**

Agencies are authorized to make payments for certain claims against the state for personal injury or property damage or loss. The circumstances under which these payments are authorized and the maximum payment limits are as follows:

1. *Inmate Claims* - The Secretary of Corrections may reimburse any inmate of any correctional institution or other facility under the Secretary's jurisdiction for any personal injury or personal property damage or loss occurring under circumstances which establish, in the Secretary's opinion, that such loss or damage was caused by the negligence of the state or any agency, officer, or employee thereof. Payments for these claims cannot exceed \$500. (K.S.A. 46-920)
2. *Employee Claims* - The head of any state agency is authorized to make payment to the officers or employees of the agency for property damage or loss occurring while that officer or employee is acting within the scope of employment if the property damage or loss, in the opinion of the agency head, did not occur as a result of negligence of the claimant. Payments for these claims cannot exceed \$1,000. (K.S.A. 46-922(b))
3. *Non-Employee Claims* - The head of any state agency is authorized to make payment to any other person for personal injury or property damage or loss occurring under circumstances which establish, in the agency head's opinion, that

# **DIVISION OF ACCOUNTS AND REPORTS POLICY AND PROCEDURE MANUAL**

**Revision Date** 07/01/04

**Date Issued** 10/81

**Revisions marked #**

**Filing Number** 11,967

**Page 2 of 6**

---

such damage or loss was caused by the negligence of the state or any agency, officer, or employee thereof. Payments for these claims cannot exceed \$1,000. See item number five for claims against the University of Kansas Medical Center hospital. (K.S.A. 46-922(c))

4. *Homemaker Program Claims* - The Secretary of Social and Rehabilitation Services is authorized to make payment, from funds appropriated to the Secretary for the Homemaker Program, to any person for personal injury or property damage or loss caused by an act of a homemaker employed by the Secretary. Payments for these claims cannot exceed \$1,000. (K.S.A. 46-922(c))
5. *University of Kansas Medical Center Hospital Claims* - The Vice-Chancellor of the University of Kansas Medical Center is authorized to make payment to any other person for personal injury or property damage or loss occurring under circumstances which establish, in the Vice-Chancellor's opinion, that; (1) such damage or loss was caused by the negligence of the University of Kansas Medical Center hospital, or any officer or employee thereof; or (2) such damage or loss occurred at the University of Kansas Medical Center hospital and it is in the best interest of the hospital to make such payment. Payments for these claims cannot exceed \$2,500. (K.S.A. 46-922(e))

## **Payment Limitations**

Claim payments authorized under these procedures may not exceed the limits previously noted. If the claim is for more than the allowable limit, the claimant may file a claim with the Joint Committee on Special Claims Against the State as authorized by K.S.A. 46-913.

No claim payments may be made to a person who is an insurer and who is making the claim as a subrogee for all or part of any amount paid to such person's insured.

## **Release of Liability by Acceptance of Claim Payment**

The acceptance by the claimant of any payment made pursuant to this claim shall be final and conclusive and shall constitute a complete release of any and all existing and future claims for personal injury or property damage or loss against the agency named, the State of Kansas and any individual, employee or agent thereof arising from the stated event. Said acceptance shall be binding on all heirs, successors, or assigns.

# DIVISION OF ACCOUNTS AND REPORTS POLICY AND PROCEDURE MANUAL

Revision Date 07/01/04

Date Issued 10/81

Revisions marked #

Filing Number 11,967

Page 3 of 6

---

## Claim Forms

Claims may be filed on the AR-98, Personal Injury or Property Damage or Loss Claim Against the State of Kansas, or on an agency form which has been approved by the Director of Accounts and Reports. The AR-98 form can be obtained from the Accounts and Reports web page.

## # Reporting Requirements

Personal Injury or Property Damage or Loss Claims fall under K.S.A. 46-925 for reporting requirements. This statute requires that claims be reported to the Director of Accounts and Reports along with appropriate documentation and that upon request of any legislator, legislative committee or the Legislative Research Department or other legislative staff agency, the Director of Accounts and Reports shall compile and provide a report concerning all payments made.

## PROCEDURES

### Responsibility

### Action Step

Claimant

1. Completes claim form AR-98, or other approved form, has the completed form *notarized*, and submits the *original* form to the agency.

State Agency

2. Investigates and documents the claim by obtaining statements from witnesses to the incident, police reports, internal security investigation reports, insurance company reimbursements to claimant, age and condition of property, and any other pertinent information. Attaches documentation to claim form.
3. Reviews claim and supporting documentation to determine whether the claim meets the reimbursement provisions of K.S.A. 46-920 or 46-922 as applicable.
4. If claim is to be paid, prepares a payment voucher for the claim amount. Use expenditure sub-object code 5220 for personal injury claims and 5230 for property damage or loss claims. Include the following information in the description area of the voucher:
  - (a). Brief description of the nature of the claim and reference to the statutory authority for payment of the claim.

**DIVISION OF ACCOUNTS AND REPORTS  
POLICY AND PROCEDURE MANUAL**

**Revision Date** 07/01/04

**Date Issued** 10/81

**Revisions marked #**

**Filing Number** 11,967

**Page 4 of 6**

---

- (b) Certification statement authorizing payment of the claim. The certification statement must have an *original* signature by the agency head. Any voucher with a facsimile signature in the certification paragraph will be rejected and returned to the agency. Use one of the following certification statements as appropriate:

(1) *Inmate Claims*

I certify that the above stated claim has been investigated by the Department of Corrections and that the personal injury, property damage, or property loss occurred under circumstances which, in my opinion, was caused by negligence of the Department of Corrections, or officer or employee thereof.

---

(Secretary of Corrections)

(2) *Employee Claims*

I certify that the above stated claim has been investigated by the agency and that the property damage or loss occurred while the officer or employee was acting within the scope of such office or employment and that the property damage or loss, in my opinion, did not occur as a result of negligence of the claimant.

---

(Agency Head)

(3) *Non-Employee Claims*

I certify that the above stated claim has been investigated by the agency and that the personal injury or property damage or loss, in my opinion, was caused by the negligence of the state or this agency, officer, or employee thereof.

---

(Agency Head)

**DIVISION OF ACCOUNTS AND REPORTS  
POLICY AND PROCEDURE MANUAL**

**Revision Date** 07/01/04

**Date Issued** 10/81

**Revisions marked #**

**Filing Number** 11,967

**Page** 5 of 6

---

*(4) Homemaker Program Claims*

I certify that the above stated claim has been investigated by the agency and that the personal injury or property loss or damage was caused by an act of a homemaker employed by Social and Rehabilitation Services.

---

(Secretary of Social and Rehabilitation Services)

*(5) University of Kansas Medical Center Hospital*

I certify that the above stated claim has been investigated by the agency and that the personal injury or property damage or loss, in my opinion, was caused by the negligence of the hospital or an officer, or employee thereof.

---

(Vice-Chancellor)

- |                       |  |
|-----------------------|--|
|                       | 5. Forwards completed voucher with <i>original</i> AR-98 claim form and supporting documentation to the Central Services Team of the Division of Accounts and Reports.   |
| Central Services Team | 6. Reviews the claim form, supporting documents, and payment voucher to determine compliance with statutory and documentation requirements.  |
|                       | 7. If the claim is approved, assigns unique claim number, enters claim number and approval on payment voucher, prepares batch transmittal (DA-199) document, files copy of all claim documents, and forwards batched payment voucher to the Audit Services Team. |
| Audit Services Team   | 8. Reviews payment voucher, issues warrant in payment of the claim, and forwards the warrant to the state agency.  |
|                       | 9. Forwards the warrant to the claimant.   |
| Central Services      | 10. Records and updates claim files for payments made and makes  |

**DIVISION OF ACCOUNTS AND REPORTS  
POLICY AND PROCEDURE MANUAL**

**Revision Date** 07/01/04

**Filing Number** 11,967

**Date Issued** 10/81

**Page 6 of 6**

**Revisions marked #**

---

Team follow-up on unpaid claims.

# 11. Prepares report of claims paid in accordance with K.S.A. 46-925.

**CONTACT SOURCES**

For additional information concerning claims processing, please contact:

Division of Accounts and Reports  
Central Services Team